



**WELL CHILD EXAM - EARLY
CHILDHOOD: 3 YEARS**
(Meets EPSDT Guidelines)

DATE

EARLY CHILDHOOD: 3 YEARS

PARENT TO COMPLETE ABOUT THE CHILD	CHILD'S NAME		BROUGHT IN BY		DATE OF BIRTH	
	ALLERGIES			CURRENT MEDICATIONS		
	ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT			TODAY I HAVE A QUESTION ABOUT:		
	YES NO <input type="checkbox"/> <input type="checkbox"/> My child eats a variety of foods. <input type="checkbox"/> <input type="checkbox"/> My child knows his/her name, age, and sex. <input type="checkbox"/> <input type="checkbox"/> My family understands my child's speech.			YES NO <input type="checkbox"/> <input type="checkbox"/> My child can jump off a step with both feet. <input type="checkbox"/> <input type="checkbox"/> My child stays dry during the night most of the time. <input type="checkbox"/> <input type="checkbox"/> My child sees and hears well.		
WEIGHT KG/OZ. PERCENTILE		HEIGHT CM/IN. PERCENTILE		BLOOD PRESSURE		
<input type="checkbox"/> Review of systems <input type="checkbox"/> Review of family history						
Screening: MHZ R L						
Hearing Screen 4000 _____ _____						
2000 _____ _____						
1000 _____ _____						
500 _____ _____						
Vision Screen 20/ _____ 20/ _____						
Development: Circle area of concern						
Adaptive/Cognitive Language/Communication						
Gross Motor Social/Emotional Fine Motor						
Behavior N A _____						
Mental Health <input type="checkbox"/> <input type="checkbox"/> _____						
Physical: N A _____ N A						
General appearance <input type="checkbox"/> <input type="checkbox"/> Chest <input type="checkbox"/> <input type="checkbox"/>						
Skin <input type="checkbox"/> <input type="checkbox"/> Lungs <input type="checkbox"/> <input type="checkbox"/>						
Head <input type="checkbox"/> <input type="checkbox"/> Cardiovascular/Pulses <input type="checkbox"/> <input type="checkbox"/>						
Eyes (Cover/Uncover) <input type="checkbox"/> <input type="checkbox"/> Abdomen <input type="checkbox"/> <input type="checkbox"/>						
Ears <input type="checkbox"/> <input type="checkbox"/> Genitalia <input type="checkbox"/> <input type="checkbox"/>						
Nose <input type="checkbox"/> <input type="checkbox"/> Spine <input type="checkbox"/> <input type="checkbox"/>						
Oropharynx/Teeth <input type="checkbox"/> <input type="checkbox"/> Extremities <input type="checkbox"/> <input type="checkbox"/>						
Neck <input type="checkbox"/> <input type="checkbox"/> Neurologic <input type="checkbox"/> <input type="checkbox"/>						
Nodes <input type="checkbox"/> <input type="checkbox"/> Gait <input type="checkbox"/> <input type="checkbox"/>						
Describe abnormal findings and comments:						

NEXT VISIT: 4 YEARS OF AGE						
HEALTH PROVIDER SIGNATURE						
Diet _____						
Elimination _____						
Sleep _____						
<input type="checkbox"/> Review Immunization Record <input type="checkbox"/> Lead Exposure						
<input type="checkbox"/> Fluoride Supplements <input type="checkbox"/> Fluoride Varnish						
<input type="checkbox"/> Hct/Hgb _____ <input type="checkbox"/> TB <input type="checkbox"/> Dental Referral						
Health Education: (Check all discussed/handouts given)						
<input type="checkbox"/> Nutrition <input type="checkbox"/> Child Care <input type="checkbox"/> Development						
<input type="checkbox"/> Regular Physical Activities <input type="checkbox"/> Car Seat/Booster Seat						
<input type="checkbox"/> Safety <input type="checkbox"/> Discipline/Limits/Rules <input type="checkbox"/> Books/Reading						
<input type="checkbox"/> Passive Smoking <input type="checkbox"/> Limit TV <input type="checkbox"/> Friendship/Siblings						
<input type="checkbox"/> Other _____						
Assessment/Plan: _____						

IMMUNIZATIONS GIVEN						
REFERRALS						
HEALTH PROVIDER NAME						
HEALTH PROVIDER ADDRESS						

Your Toddler's Health at 3 Years

Milestones

Ways your toddler is developing between 3 and 4 years of age.

Can sing a simple song.

Tells you about things he has done.

Knows her first and last names.

Builds towers of 9-10 blocks.

Jumps and hops on one foot.

Tries to draw a person with several parts (such as head, body, legs).

Plays simple games with friends, beginning to share toys.

Enjoys simple picture puzzles.

You help your child learn new skills by playing with her.

For Help or More Information

Learn infant and child CPR and first aid:

Ask about classes at your local fire station or health department.

Car Seat or Booster Seat Questions:

Safety Restraint Coalition,
1-800-BUCK-L-UP (voice) or
1-800-833-6388 (TTY Relay).

Free developmental screening: Healthy Mothers, Healthy Babies Information and Referral Line, 1-800-322-2588 (voice) or 1-800-833-6388 (TTY Relay).

Parenting Skills or Support: Family Help line, 1-800-932-HOPE (4673) Family Resources Northwest, 1-888-746-9568 Local Community College Classes

Health Tips

Water is a healthy drink. Offer it instead of sweet drinks with snacks. Your child still needs about two cups of milk each day.

Offer a variety of fruits and vegetables daily.

Help your child brush his teeth every day. Use a tiny pea-sized amount of fluoride toothpaste. Take him for dental checkups at least once a year.

Teach your child to wash her hands well after playing and using the toilet and before eating. Use soap and rub hands together for about 20 seconds.

Parenting Tips

Children learn best by doing. They need to:

- play active games (tag, ball, riding wheeled toys, climbing)
- play imagination games (using dolls, figure toys, story books)
- use toys that use their hands (blocks, big puzzles)

Limit television and computer time to less than one hour daily.

Read to your child every day. Talk with him about the pictures and story.

You are your child's best teacher. She watches how you treat others, eat, exercise, relax, use your seat belt, and cross the street. She tries to be like you.

Safety Tips

Check your home for hazards often. Your child is not yet old enough to stay away from things that could harm her, like matches, guns, and poisons. Lock them up!

Continue using a car seat until your child weighs 40 pounds. After that, use a booster seat up to about 80 pounds. Keep your child in the back seat.

Make sure he uses a helmet whenever he rides a tricycle, scooter, or other toys with wheels.

Guidance to Physicians and Nurse Practitioners for Early Childhood (3 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Fluoride Screen

Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

Tuberculosis Screen

Screen for these risk factors:

- Members of household with tuberculosis or in close contact with those who have the disease.
- Close contact with recent immigrants or refugees from countries in which tuberculosis is common (e.g., Asia, Africa, Central and South America, Pacific Islands); migrant workers; residents of correctional institutions or homeless shelters or persons with certain underlying medical disorders.

Developmental Milestones

Always ask about and follow-up on parent concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, the ELMS2 (a language screen), or the MacArthur Communication Development Inventory.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Washes and dries hands. |
| <input type="checkbox"/> | <input type="checkbox"/> | Imitates vertical line. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Says what to do when tired, cold, hungry.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Names 4 animal pictures (e.g., cat, dog, bird, horse).</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Identifies 2 animal pictures: "Which flies? Meows? Barks? Gallops?" |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Throws ball overhand.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Pedals tricycle.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Ask why?</u> |

- Persistent echolalia (repeating what was just said).
- Inappropriate play with toys/no pretend play.
- Any loss of language or social skills.

Instructions for developmental milestones: At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on any two items, on *even one* of the underlined items, or one of the **boxed items** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies (1-800-322-2588) with questions or concerns on childhood development.**